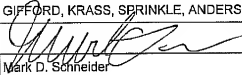
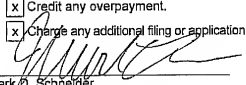


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	10/535,230-Conf. #5656
		Filing Date	February 16, 2006
		First Named Inventor	Gisela Gauchel
		Art Unit	1797
		Examiner Name	K. A. Moss
Total Number of Pages In This Submission	12	Attorney Docket Number	KWO-18902/01

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply(Supplemental) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
		Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	GIFFORD, KRASS, SPRINKLE, ANDERSON & CITKOWSKI, P.C.		
Signature			
Printed name	Mark D. Schneider		
Date	February 5, 2009	Reg. No.	43,906

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. KWO-18902/01	
Application No. 10/535,230-Conf. #5656	Filing Date February 16, 2006	Examiner K. A. Moss	Art Unit 1797		
Applicant(s): Gisela Gauchel					
Invention: MARKER SUBSTANCES AND THE USE OF THE SAME IN DIAGNOSTIC METHODS					
<b>TO THE COMMISSIONER FOR PATENTS</b> Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	2	- 20 =	0	x 26.00	0.00
<b>Independent Claims</b>	1	- 3 =	0	x 110.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input type="checkbox"/> Large Entity <span style="float: right;"><input checked="" type="checkbox"/> Small Entity</span>					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>07-1180</u> as described below. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Mark D. Schneider Attorney/Agent Reg. No.: 43,906				Dated: <u>February 5, 2009</u>	
GIFFORD, KRASS, SPRINKLE, ANDERSON & CITKOWSKI, P.C. 2701 Troy Center Drive, Suite 330 Post Office Box 7021 Troy, Michigan 48007-7021 (248) 647-6000					